

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583928

FILING DATE

03 FEB 2007

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/	/	/		51	/	/	/
2	/				52				
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48					98				
49					99				
50					100				
TOTAL IND.	/								
TOTAL DEP.	10								
TOTAL CLAIMS	11								